



# Frederick County Health Access Program

An Initiative of the Frederick County Health Care Coalition  
In Partnership with the Frederick County Health Department

*Providing Connections to Care*

Ph. 301-788-8592 FAX 866-430-9751

[www.co.frederick.md.us/healthaccess](http://www.co.frederick.md.us/healthaccess)

## REFERRAL FOR POSSIBLE ENROLLMENT

Referred by: \_\_\_\_\_ PAC \_\_\_\_\_ ATC \_\_\_\_\_ (check if applic.)

Date: \_\_\_\_\_

Name of Potential Enrollee: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Last Seen by Primary Care Provider: \_\_\_\_\_

Needed

Specialist(s): \_\_\_\_\_

This patient may be eligible for Frederick County Health Access Program or FCHAP Plus Program because he/she is not insured through private health insurance, is not on Medical Assistance or Medicare and is low income.

I agree to continue to see this patient for primary or specialty care as part of my commitment to FCHAP.

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Print or Type Provider's Name

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Note: If you are providing specialty care for the patient, please provide the name of the patient's primary care provider, if known: \_\_\_\_\_

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1-866-430-9751